Case 20-10648-pmm Doc 19 Filed 06/01/20 Entered 06/01/20 11:12:26 Desc Main AMENDED Document Page 1 of 2

Fill in this in	formation to identify	your case:				
Debtor 1	Sharon D Starling					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: _ Eastern District of Pennsylvania						
Case number (If known)	20-10648		, 			

Check	if	this	is:	
<u> </u>	••			

An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed	☐ Employed ☑ Not employed		
	Include part-time, seasonal, or self-employed work.	Occupation	Nurse			
	Occupation may include student or homemaker, if it applies.	Employer's name	Cedarbrook Senior Care and Rehab			
		Employer's address	350 South Cedarbrook Road			
			Number Street	Number Street		
			Allentown, PA 18104			
		•	City State ZIP Code	City State ZIP Code		
		How long employed there	?			

Part 2:

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$\ 3,796.39 \\$\ \\$\ 3 + \cdot \\$ 579.32 \ + \cdot \\$

For Debtor 1

\$_____0.00 F © 0.00

For Debtor 2 or non-filing spouse

4. Calculate gross income. Add line 2 + line 3.

3. Estimate and list monthly overtime pay.

4. \$_4,375.71

\$_____8

		Fo	r Debtor 1		Debtor 2 or -filing spouse	
py line 4 here	→ 4	\$	4,375.71	\$	0.00	
all payroll deductions:	/ 4.	Ψ_		Ψ		
. Tax, Medicare, and Social Security deductions	5a.	\$	937.95	\$	0.00	
Mandatory contributions for retirement plans	5b.	\$_ \$_	218.79	\$	0.00	
Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
Insurance	5e.	\$_	358.11	\$.	0.00	
Domestic support obligations	5f.	\$_	0.00	\$	0.00	
. Union dues	5g.	\$_	39.00	\$.	0.00	
Other deductions. Specify:	_ 5h.	+\$	0.00	+ \$	0.00	
		\$_		\$_		
		\$_		\$.		
		\$_		\$.		
dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +	5h. 6.	\$_	1,553.85	\$	0.00	
Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,821.87	\$	0.00	
t all other income regularly received: Net income from rental property and from operating a business,						
profession, or farm Attach a statement for each property and business showing gross						
receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$_	0.00	\$	0.00	
o. Interest and dividends	8a. 8b.	\$	0.00	\$	0.00	
Example 5 represents that you, a non-filing spouse, or a depe		Ψ_		Ψ.		
regularly receive						
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$.	0.00	
. Unemployment compensation	8d.	\$	0.00	\$	0.00	
e. Social Security	8e.	\$_	0.00	\$	2,100.00	
Other government assistance that you regularly receive						
Include cash assistance and the value (if known) of any non-cash assis						
that you receive, such as food stamps (benefits under the Supplement Nutrition Assistance Program) or housing subsidies.	aı		0.00		0.00	
Specify:	8f.	\$_	0.00	\$.	0.00	
p. Pension or retirement income	8g.	\$_	0.00	\$	0.00	
n. Other monthly income. Specify: Pro-Rated Tax Refund	8h.	+ \$	238.00	+\$	0.00	
Id all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	— 9.	•	238.00	\$	2,100.00	
	0.	Ψ_				
culate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	3,059.87	+ \$	2,100.00	<u>\$</u> 5,159.87
ate all other regular contributions to the expenses that you list in So						
lude contributions from an unmarried partner, members of your househo nds or relatives.	ia, your o	depend	ients, your roo	mmates,	and other	
not include any amounts already included in lines 2-10 or amounts that	are not a	vailabl	e to pay exper	nses liste	d in <i>Schedule J</i> .	
ecify:					11. +	- \$0.00
d the amount in the last column of line 10 to the amount in line 11.	The resu	ılt is the	e combined mo	onthly inc	come.	E 1E0 07
ite that amount on the Summary of Your Assets and Liabilities and Certa	ain Statis	tical In	formation, if it	applies	12.	_{\$5,159.87}
						Combined monthly income